

CLAIMS ONLY						Application Number 04/864 930	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
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Total Indep	/		/		/		
Total Depend	x		5		5		
Total Claims	5		6		6		